

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 04/22/02.
b. The request was received on 07/16/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. TWCC form 66-a
 - c. EOB
 - d. RED BOOK Database Product Services Electronic Drug Pricing Information
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Response
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 08/16/02. There are no insurance carrier responses in the case file. The "No Information Found In Case File" sheet as reflected in Exhibit II of the Commission's Case File.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 08/12/02
"Total dollar amount in dispute is \$26.32....The expected out come of this issue is that we feel the claims should be paid per Rule 134.503 (a)(2)(A). In accordance with this Rule, the following formula shall be utilized for generic medications: $AWP \times \text{number of units} \times 1.25 + \$4.00 = \text{MAR}$. In this case the patient received 60 pills the AWP is 164.48 $\times 1.25 + \$4.00 = 209.60$. Therefore, reimbursement should be \$209.60 not the \$183.28 the Carrier paid."
2. Respondent: No position statement

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 04/22/02.

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2. Per the provider's TWCC-60, the amount billed is \$209.60; the amount paid is \$183.28; the amount in dispute is \$26.32.
3. The carrier denied the billed services by code, "Z650 – (M) CHARGE FOR THIS PROCEDURE EXCEEDS AVERAGE WHOLESALE PRICE PLUS MARK-UP".
4. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code | MARS | REFERENCE | RATIONALE: |
|---------------|--------------------------------------|----------|----------|-----------------|---|-----------------------------|--|
| 04/22/02 | J8499 Carisoprodol 350 mg # 60 | \$209.60 | \$183.28 | M | Generic Drug Formula "((AWP per unit) x (number of units) x 1.25) + \$4.00 dispensing fee = MAR" | Rule 134.503 (a) (2) (A) | The provider billed the medication in accordance with Rule 134.503 (a) (2) (A), therefore, additional reimbursement in the amount of \$26.32 is recommended. |
| Totals | | \$209.60 | \$183.28 | | | | The Requestor is entitled to additional reimbursement in the amount of \$26.32 . |

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$26.32 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of December 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm